Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2 ie to School Clerk J					
Elementary District Re			Contract		County		Legal Entity			
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity			
Great Falls H S					Cascac	de	0099			
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?						
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)	□ No	mhursement	Student Name	Schoo	ıl .	Grade		
rates for special circun increased rates, indivic trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	Schoo	1	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	Schoo	I	Grade		
Elem District Approval HS District Approval		☐ no	itials		Student Name	Schoo	JI	Grade		
County Approval	□ yes	□ no			THIS CONTRA Grades 1-12	ACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semeste	er Only	nester Only Both Se	emesters		
Christian & Suz Physical Address (s		only):			Pre-kindergarte □ 1st Semeste	en/Kindergarten er Only □ 2nd Sem	nester Only Both Se	emesters		
						EN/PREKINDERGAR				
Distance from home Elementary 0	e to nearest so HS 0	chool (one wa	ay)		by this contra To or from Bus	s Stoptimes	r school-age students aper day, day per day, day	ys per week		
Distance from home Elementary 0	e to nearest bu HS 7.8	us stop, if an	y (one way)		Kindergarten To or from Bus	child rides without of Stop times	ther school-age studer per day, day	nts: ys per week		
□ Contract is for o	ne-way only				To or from Sch	nool times	per day, day	/s per week		
Students in Each Grade Lo	evel - Only include	the students to b	be covered by th	is contract.	Deadlines:	ue to School Clerk Jur	20.1			
	Pre-K	K	1-8	9-12				_		
Regular Trans	Total	Total	Total	Total	CLERKS: Ser files.	nd original to County S	Supt by July 1, retain a co	py for your		
Spec. Ed. Trans					COUNTY SUP		end original to OPI by Jul	ly 10, retain a		
Room & Board						REIMBURSEI]		
Correspondence						(For district, county	and OPI use only)			
Reg. Contingency						Reimbursement rate 20-10-14:				
Spec. Ed. Contin.						20-10-14.	2, WOA.	j		
Agreement between	n parent (pare	nt name)			, and school dis	strict (district name)		,		
(county name) The parties agree as follow	MC.			County, hereinaf	ter referred to as the I	District(s).				
The parent shall tra	ansport or provide					n school is in session. The pa	arent or guardian assures that a	licensed and		
 In March and June transported for the 	, the District shall past semester.	pay the parent the	e sum officially a	pproved in the applica	ation upon certification by the	teacher or principal of the sch	hool of the number of days the st	udent(s) was		
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe	142, MCA, and the information er enrolled in school, whichev	n accompanying this contract. er occurs first.				
Elementary School	District	Chair, Boa	ard of Truste	es			Date			
High School District Great Falls H S	:	Chair, Boa	ard of Truste	es			Date			
			I attes	t that the above	information is true and	d correct.				
Signature - Parent or	Guardian				·	Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ro	^ +	-

PO Bo	ox 202501 a, MT 59620			-		chool Year 2005- 2006 to School Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract		County		Legal Entity			
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity			
Great Falls H S					Cascade	;	0099			
Is this contract share □ yes □ no	d between el	ementary an	d high scho	ol?						
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	mhura am ant	Student Name	School	Grade			
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstance he county trans	tion of resident es must be re- portation com	ice. In order to viewed and appointed and the contraction of the contr	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade			
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	School	Grade			
County Approval	□ yes	no			THIS CONTRAC Grades 1-12	T IS FOR:				
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1st Semester	Only	r Only Both Semesters			
Michael Luckett Physical Address (str	reet address	oulv).			Pre-kindergarten					
1 Trysloai 7 tauress (st	reet address	orny).				Only 2nd Semester	•			
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S	t: Stop times per d ol times per d hild rides without other s Stop times per d	lay, days per week days, days per week days, days per week school-age students:			
☐ Contract is for on	, ,	the etudente te h	a account by the	in contract	Deadlines:	s amos por a	ay, aayo por wook			
Students in Each Grade Lev				,		e to School Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send files.	original to County Supt b	y July 1, retain a copy for your			
Regular Trans						RINTENDENTS: Send or	riginal to OPI by July 10, retain a			
Spec. Ed. Trans					copy for your file					
Room & Board Correspondence					(F	REIMBURSEMEN For district, county and				
Reg. Contingency						Reimbursement rate is d	etermined by			
Spec. Ed. Contin.						20-10-142, MC	•			
Agreement between	parent (parei	nt name)			, and school distr	rict (district name)	,			
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	nsport or provide to ansport the studer the District shall p past semester. the computed on the	nts. Mileage con eay the parent the se basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	on for the distance reported on	school is in session. The parent or the contract actually occurs. aacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was			
Elementary School D			rd of Truste				Date			
High School District Great Falls H S		Chair, Boa	ard of Truste	es			Date			
			l attes	t that the above	information is true and o	correct.				
Signature - Parent or 0	Guardian				·	Date				

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620				ar 2005- 2006 ool Clerk June 1		
Elementary District Responsible for Re	eimbursing the Cor	ntract		County		Legal Entity
High School or K-12 District Responsit	ole for Reimbursin	g the Contract		County		Legal Entity
Great Falls H S				Cascade		0099
Is this contract shared between el □ yes □ no	ementary and h	igh school?		<u>'</u>		<u> </u>
Are you applying for isolation state (If yes, please attach explanation)		□ No	Stu	dent Name	School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola	A, provides for incr		t			
increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be review sportation committed	ved and approved by ee, and the Office of		dent Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	portation Committ	ee.	Stu	dent Name	School	Grade
	Initials □ no □ no			dent Name	School	Grade
County Approval ☐ yes Parent or Guardian Name: (Pleas	no		Gra	IS CONTRACT IS FO ades 1-12		
·	e i ilit)			1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Sam & Sandra Stanley Physical Address (street address	only):			-kindergarten/Kinder	garten □ 2nd Semester Only	□ Roth Semesters
	• /			-		- Both comesters
Distance from home to nearest so Elementary 0 HS 0	hool (one way)		Kin by	this contract:	es with other school-a	ge students also covered days per week
Distance from home to nearest bu	is ston if any (o	ne way)	То	or from School	times per day,	days per week
Elementary 0 HS 3.1	io stop, ii dily (o	ne way)	То	or from Bus Stop	es <u>without</u> other school times per day,	days per week
□ Contract is for one-way only			То	or from School	times per day,	days per week
Students in Each Grade Level - Only include	the students to be co	vered by this contract.		eadlines: RENTS: Due to Sch	ool Clark June 1	
Pre-K Total	K Total	1-8 9-12 Total Total		ERKS: Send origina		1, retain a copy for your
Regular Trans					JDENTS: Sand original	to OPI by July 10, retain a
Spec. Ed. Trans				by for your files.	ADENTS. Send onginal	TO OFF by July 10, retain a
Room & Board					EIMBURSEMENT RA	
Correspondence				, ,	, ,	,
Reg. Contingency				Reimb	ursement rate is determ	ined by
Spec. Ed. Contin.					20-10-142, MCA.	
Agreement between parent (parer	nt name)		, an	d school district (dist	rict name)	, ,
(county name)		County, he	ereinafter referre	d to as the District(s).		
The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer						an assures that a licensed and
In March and June, the District shall p transported for the past semester.						ber of days the student(s) was
 The payment shall be computed on the contract shall terminate at the error. 	ne basis of the schedu ad of the school year	ule established in Section or when the student(s) is	n 20-10-142, MCA, and no longer enrolled in s	I the information accompany school, whichever occurs first	ying this contract. st.	
Elementary School District	Chair, Board	of Trustees				Date
High School District Great Falls H S	Chair, Board	of Trustees				Date
		I attest that the a	above information	n is true and correct.		
Signature - Parent or Guardian					Date	

Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the C	ontract			County	-	Legal Entity
Great Falls Elem						Cascade		0098
High School or K-12 Di	strict Responsib	ole for Reimbursi	ng the Cont	ract		County		Legal Entity
Great Falls H S						Cascade		0099
Is this contract share	ed between el	ementary and	high schoo	ol?				
Are you applying for (If yes, please attach			□ No		Stu	dent Name	School	Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	A, provides for in						
increased rates, individ trustees of the district, t Public Instruction. (10.7	the county trans	sportation commi	ttee, and the			dent Name	School	Grade
Check here only if incre District Trustees and th		portation Comm	ittee.	proved by the	Stu	dent Name	School	Grade
Elem District Approval		Initia □ no			Stu	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian I	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters
Daryn & Lisa He					Pre	-kindergarten/Kinder	garten	
Physical Address (st	reet address	only):			□ 1	st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 0 to nearest bu HS 5.6 ne-way only	ıs stop, if any (one way)	is contract. 9-12 Total	Kin by t To c Kin To c De PAI CLE	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day,times per day,tool Clerk June 1.	days per week da
Contingency Spec. Ed. Contin.						Reimbi	20-10-142, MCA.	nined by
insured driver will tr 2. In March and June, transported for the payment shall I 4. This contract shall I	rs: Insport or provide to ansport the studer the District shall poast semester. Doe computed on the erminate at the en	rransportation for th nts. Mileage contra ray the parent the s ne basis of the sche d of the school year	e student(s) to cts are valid o um officially a dule establish or or when the	County, hereinaft o and from the school only when transportatic pproved in the applica ned in Section 20-10-1. student(s) is no longe	ter referred or bus stop or on for the dista tion upon cert 42, MCA, and	ince reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was
Elementary School I Great Falls Elem	District	Chair, Board	d of Truste	es				Date
High School District Great Falls H S		Chair, Board	d of Truste	es				Date
			l attes	t that the above i	nformation	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501				2005- 2006 Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
High School or K-12 Di	strict Responsib	ole for Reimbu	sing the Cont	tract		County		Legal Entity
Cascade H S						Cascade		0102
Is this contract share □ yes □ no	ed between el	ementary an	d high schoo	ol?				
Are you applying for (If yes, please attack	n explanation)				Stude	ent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	estances of isola lual circumstance the county trans	tion of residen ses must be resportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Stude	ent Name	School	Grade
Elem District Approval		no	tials		Stude	ent Name	School	Grade
	□ yes	□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester On	ly Both Semesters
Tamera Mauldin		only):				indergarten/Kinder		
Physical Address (s	reet address	oniy):				t Semester Only ERGARTEN/PREI		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	·	• /		by th To or To or Kinde To or	is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, es <u>without</u> other scho times per day,	days per week days per week days per week col-age students: days per week days per week days per week	
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Dea	dlines:		
	Pre-K	к	1-8	9-12		NTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLER files.	RKS: Send origina	to County Supt by Jul	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					337	,	IMBURSEMENT R	ATE
Correspondence						(For dist	rict, county and OPI	l use only)
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	mined by
opeo. Lu. Contini.								
A superior and broken and		-t\					si at no seco	
Agreement between	грагент (рагег	it riarrie)		Oavet : bassisse		school district (dist		,
insured driver will to 2. In March and June, transported for the 3. The payment shall	insport or provide to ransport the studer the District shall p past semester. be computed on the	nts. Mileage contact the parent the parent the basis of the sc	the student(s) to tracts are valid of sum officially a	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	or bus stop on the on for the distance ation upon certification.	te reported on the contractation by the teacher or pre-	session. The parent or guard t actually occurs. rincipal of the school of the nu- ring this contract.	dian assures that a licensed and umber of days the student(s) was
4. This contract shall Elementary School			ear or when the rd of Truste		er enrolled in sch	ool, whichever occurs firs	it.	Date
High School District Cascade H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 te to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	·	Legal Entity		
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Conf	tract	County		Legal Entity		
Cascade H S					Cascade		0102		
Is this contract share ☐ yes ☐ no	d between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attach	explanation)	1	□ No		Student Name	School	Grade		
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc he county trans	ation of resident ces must be resportation com-	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes □	Ini □ no	tials		Student Name School Grade				
	•	□ no □ no			THIS CONTRACT IS	S FOR:			
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Onl	y □ 2nd Semester Onl	y Both Semesters		
Toni Olds					Pre-kindergarten/Kin				
Physical Address (st	reet address	only):			☐ 1st Semester Onl	y 2nd Semester Onl	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 23 to nearest bu HS 5 e-way only	is stop, if any	(one way)		Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School	times per day, times per day, _ rides without other scho	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Lev					<u>Deadlines:</u> PARENTS: Due to :	School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send orig	inal to County Supt by Jul	y 1, retain a copy for your		
Regular Trans						TENDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.	g			
Room & Board					(For	REIMBURSEMENT RA district, county and OPI			
Correspondence Reg.					D.		at to		
Contingency Spec. Ed. Contin.					Re	mbursement rate is detern 20-10-142, MCA.	ninea by		
Agreement between	parent (parer	nt name)			, and school district (district name)	,		
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	asport or provide to ansport the studer the District shall p ast semester. we computed on the	nts. Mileage con pay the parent the ne basis of the sc	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-1	ter referred to as the Districtor or bus stop on the days when school on for the distance reported on the coation upon certification by the teacher 42, MCA, and the information accorder enrolled in school, whichever occu	I is in session. The parent or guard intract actually occurs. or principal of the school of the nu ipanying this contract.			
Elementary School D	District	Chair, Boa	rd of Truste	es			Date		
High School District Cascade H S		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above	information is true and corre	ect.			
Signature - Parent or 0	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	1	Legal Entity
Cascade Elem						Cascade		0101
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Chris Castillo		L. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	lly Both Semesters
Distance from home Elementary 32 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day, times per day, times per day, s without other sche times per day,	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	the student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longe es	or bus stop on on for the dista ation upon certi 42, MCA, and er enrolled in so	nce reported on the contractification by the teacher or pit the information accompany chool, whichever occurs firs	session. The parent or guar ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was Date Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Cascade Elem						Cascade		0101	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	lni ⊒ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval	oval ges no					S CONTRACT IS FO	PR:		
Parent or Guardian	Parent or Guardian Name: (Please Print)						☐ 2nd Semester Only	v □ Both Se	mesters
David G Pings Physical Address (street address only):						st Semester Only kindergarten/Kinderg	•	,	
Physical Address (s	Physical Address (street address only):						☐ 2nd Semester Only	y 🗆 Both Se	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 0	to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	s with other school-a times per day, _ times per day, _	_	
Distance from home Elementary 5	to nearest bu	ıs stop, if an	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	s <u>without</u> other scho times per day, _	ol-age student days	s per week
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.		adlines:	and Olamba lawan 4		
	Pre-K	K	1-8	9-12		RENTS: Due to Scho			
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	by for your
Regular Trans					COL	INTY SUDEDINTEN	DENTS : Send origina	ıl to OPI by July	10 retain a
Spec. Ed. Trans						for your files.	DENTO: Ocha ongina	ii to Oi i by suiy	TO, TCIAIIT A
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································
(county name)				County, hereina	ifter referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	ian assures that a lic	censed and
	, the District shall p					nce reported on the contraction by the teacher or pr	incipal of the school of the nul	mber of days the stu	dent(s) was
The payment shall	be computed on th	e basis of the so	chedule establish year or when the	ned in Section 20-10- student(s) is no lond	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.		
Elementary School Cascade Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		i alles	נ נוומנ נווכ מטטעפ	miomation	is true and correct.	Date		
<u> </u>									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

IsoLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	Grade Grade Grade Grade Semesters							
St this contract shared between elementary and high school? yes	Grade Grade Grade Grade Semesters							
St this contract shared between elementary and high school? yes	Grade Grade Grade Grade Semesters							
Are you applying for isolation status? Yes No ((f yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no No No No No No No	Grade Grade Grade Semesters Semesters							
Are you applying for isolation status? Yes No ((f yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no No No No No No No	Grade Grade Grade Semesters Semesters							
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval	Grade Grade Grade Semesters Semesters							
IsoLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	Grade Grade Grade Semesters Semesters							
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials Elem District Approval	Grade Grade Semesters Semesters							
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval	Grade Semesters Semesters							
Elem District Approval	Semesters Semesters							
Parent or Guardian Name: (Please Print) Elizabeth DeRoche Physical Address (street address only): Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters KINDERGARTEN/PREKINDERGARTEN:	Semesters							
Elizabeth DeRoche Physical Address (street address only): Street Semester Only 2nd Semester Only Both Semesters	Semesters							
Physical Address (street address only): □ 1st Semester Only □ 2nd Semester Only □ Both Semesters KINDERGARTEN/PREKINDERGARTEN:								
	s also covered							
1 1st definester offiny a zind definester offiny a both definesters								
Agreement between parent (parent name)								
Cascade Elem								
Cascade Elem High School District Chair, Board of Trustees Date								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501								
Elementary District Responsible for R	eimbursing the Con	tract	County		Legal Entity				
Cascade Elem			Cascade		0101				
High School or K-12 District Responsi	ble for Reimbursing	the Contract	County		Legal Entity				
Is this contract shared between e □ yes □ no	lementary and hi	gh school?	·		•				
Are you applying for isolation stat		□ No	Student Name	School	Grade				
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC.	A, provides for incre			3011001	- Crado				
rates for special circumstances of isolincreased rates, individual circumstan trustees of the district, the county tran	ces must be review	ed and approved by the	Student Name	School	Grade				
Public Instruction. (10.7.116 ARM pro	vides guidelines for	such.)	Student Name	School	Grade				
Check here only if increased payment District Trustees and the County Trans	sportation Committe								
	Initials		Student Name	School	Grade				
	□ no		THIS CONTRACT IS FO	<u>DR:</u>					
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters				
Jason & Kelly Isbell			Pre-kindergarten/Kinder	garten					
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters				
			KINDERGARTEN/PREI						
Distance from home to nearest so Elementary 8.5 HS 0	chool (one way)		by this contract:		ge students also covered days per week				
Distance from home to nearest be Elementary 0 HS 0	us stop, if any (or	ne way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:				
□ Contract is for one-way only			To or from School	times per day, _	days per week				
Students in Each Grade Level - Only include	e the students to be cov	vered by this contract.	Deadlines:						
Pre-K	К	1-8 9-12	PARENTS: Due to Sch	ool Clerk June 1.					
Total	Total 1	otal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your				
Regular Trans				IDENTS: Send origina	I to OPI by July 10, retain a				
Spec. Ed. Trans			copy for your files.	DEITTO: Cond ongina					
Room & Board				EIMBURSEMENT RA					
Correspondence			(For dist	rict, county and OPI	use only)				
Reg.			Reimh	ursement rate is determ	nined by				
Contingency Spec. Ed. Contin.			rtoinio	20-10-142, MCA.	iniod by				
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································				
(county name) The parties agree as follows:		County, hereina	after referred to as the District(s).						
The parent shall transport or provide insured driver will transport the stude	ents. Mileage contracts	are valid only when transporta	ol or bus stop on the days when school is in ation for the distance reported on the contra	ct actually occurs.					
transported for the past semester.			cation upon certification by the teacher or p		nber of days the student(s) was				
 This contract shall terminate at the e 	nd of the school year o	r when the student(s) is no lon	0-142, MCA, and the information accompany ger enrolled in school, whichever occurs first		Ta :				
Elementary School District Cascade Elem	Chair, Board o	of Trustees			Date				
High School District	Chair, Board o	of Trustees			Date				
		I attest that the above	e information is true and correct.						
Signature - Parent or Guardian				Date					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	erk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Соц	inty	1	Legal Entity	
Cascade Elem					Ca	scade		0101	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract	Cou	inty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student I	Name	School		Grade
(If yes, please attach	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Student I	Name	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of	04		Ochool		Ozzada
Check here only if incre District Trustees and th				proved by the	Student I	vame	School		Grade
Elem District Approval	•		itials		Student I	Name	School		Grade
HS District Approval County Approval	□ yes □	□ no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades 1		 □ 2nd Semester Only	v □ Both Se	emesters
Jerry Lappier						•	•	y Bourec	medicio
Physical Address (st	treet address	only):				ergarten/Kinder emester Only	garteri ☐ 2nd Semester Only	y 🗆 Both Se	mesters
					KINDER	GARTEN/PREI	KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)		Kinderg by this o	arten child ride	es <u>with</u> other school-a	age students a	Iso covered
Elementary 0	HS 0				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary 6	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderga To or fro	arten child riden Bus Stop	times per day,es without other school times per day,times per day,	ol-age studen	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						' SUPERINTEN your files.	NDENTS: Send origina	ıl to OPI by Jul	/ 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		,
(county name) The parties agree as follow	ne.			County, hereinat	fter referred to a	s the District(s).			
The parent shall tra insured driver will tr	insport or provide transport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guardict actually occurs.		
In March and June, transported for the	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the application	ation upon certification	by the teacher or p	rincipal of the school of the nur	mber of days the stu	dent(s) was
 This contract shall t 	terminate at the er	d of the school	year or when the	student(s) is no longe	142, MCA, and the inf er enrolled in school,			Data	
Elementary School I		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tru	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 ı, MT 59620	-2501		Du	Due to School Clerk June 1				
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity	
Cascade Elem						Cascade		0101	
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared □ yes □ no	between ele	ementary ar	nd high school	ol?				<u>'</u>	
Are you applying for is			□ No		Stud	dent Name	School	Gr	ade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	0.0.		3 5 3 5.	5	
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Gra	ade
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Gra	ade
	□ yes □	no	itials			dent Name	School	Gra	ade
County Approval Parent or Guardian N		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>		
	ame. (Fiease	5 FIIII()			□ 1	st Semester Only	☐ 2nd Semester Only	□ Both Semesters	j
Laurie Gilleon Physical Address (stre	eet address	only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	v □ Both Semesters	;
Distance from home to nearest school (one way) Elementary 4						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS:	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per we days p	eek eek eek eek
Agreement between parent (parent name) (county name) The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school insured driver will transport the students. Mileage contracts are valid only when transportation are valid only when transportation transported for the past semester. 2. In March and June, the District shall pay the parent the sum officially approved in the application transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10. 4. This contract shall terminate at the end of the school year or when the student(s) is no long the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student(s) is no long that the contract shall terminate at the end of the school year or when the student shall terminate at the end of the school year or when the student shall terminate at the end of the school year or when the student shall terminate at the end of the school year or when the student shall terminate the end of the school year or when the student shall terminate the end of the school year or when the student shall terminate the end of the school year or when the sch						to as the District(s). the days when school is in nce reported on the contrat fication by the teacher or p the information accompany	session. The parent or guardi ct actually occurs. rincipal of the school of the nur ring this contract.	an assures that a licensed and	
High School District Chair, Board of Trustees								Date	
	Lattest that the abo					is true and correct.		1	
Signature - Parent or G	uardian		, 411001				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Cascade Elem						Cascade		0101	
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revenued.	ce. In order to riewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Init □ no			Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly Both Semesters	
Luana Goaziou Physical Address (s	troot addroop	only):				-kindergarten/Kinder			
Friysical Address (s	lieel address	orily).				•		nly Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 7 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12					Kind by the Took Kind Took Took	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week	
	Total	Total	Total	Total			to County Supt by Ju	uly 1, retain a copy for your	
Regular Trans					files.				
Spec. Ed. Trans						y for your files.	IDEN 15: Sena origin	nal to OPI by July 10, retain a	
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OP	ruse only)	
Reg. Contingency						Reimbi	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
opes. Lu. commi.									
Agreement betweer	n parent (parer	nt name)				d school district (distr	rict name)	,	
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage contra ay the parent the se basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on on for the dista ation upon certi	ince reported on the contractification by the teacher or pithe information accompany	ct actually occurs. rincipal of the school of the ni	rdian assures that a licensed and number of days the student(s) was	
This contract shall terminate at the end of the school year or when the student(s) is no local Elementary School District Chair, Board of Trustees					er enrolled in so	chool, whichever occurs firs	t.	Date	
Cascade Elem High School District	m ,							Date	
						is true and correct.			
Signature - Parent or	Guardian		i alios	a. the above		is and direction.	Date		
-									

Linda McCulloch, Superintendent Office of Public Instruction INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 202501 Helena, MT 5962			School Year 2005- 2006 Due to School Clerk June 1						
Elementary District Responsible for R	eimbursing the Cor	itract	County	Legal Entity					
Cascade Elem			Cascade	0101					
High School or K-12 District Respons	ble for Reimbursing	the Contract	County	Legal Entity					
Cascade H S			Cascade	0102					
Is this contract shared between e □ yes □ no	lementary and hi	gh school?							
Are you applying for isolation sta (If yes, please attach explanation)	□ No	Student Name School	Grade					
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. ces must be review sportation committe	In order to receive red and approved by tee, and the Office of	Other at Name and Other at	Grade					
Check here only if increased payment District Trustees and the County Tran	due to isolation ha	s been approved by tl	Student Name School	Grade					
Elem District Approval ☐ yes	Initials no no		Student Name School	Grade					
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12						
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only ☐ 2nd Semester	er Only Both Semesters					
Debra Regan Physical Address (street address	oulv).		Pre-kindergarten/Kindergarten						
Filysical Address (street address	orily).		□ 1st Semester Only □ 2nd Semester	er Only Both Semesters					
Distance from home to nearest selementary 0 HS 0 Distance from home to nearest belementary 0 HS 3.1 Contract is for one-way only students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (or the students to be co		KINDERGARTEN/PREKINDERGARTER Kindergarten child rides with other so by this contract: To or from Bus Stop times per To or from School times per Kindergarten child rides without other To or from Bus Stop times per To or from School times per To or from School times per Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt files. COUNTY SUPERINTENDENTS: Send copy for your files. REIMBURSEMEI (For district, county and Reimbursement rate is 20-10-142, M	day, days per week day, days per week day, days per week days per week school-age students: day, days per week day, days per week day, days per week					
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on	transportation for the ents. Mileage contract pay the parent the sun	student(s) to and from the s are valid only when tran n officially approved in the alle established in Section	reinafter referred to as the District(s). school or bus stop on the days when school is in session. The parent sportation for the distance reported on the contract actually occurs. application upon certification by the teacher or principal of the school of 20-10-142, MCA, and the information accompanying this contract. to longer enrolled in school, whichever occurs first.						
Elementary School District Cascade Elem	Chair, Board			Date					
High School District Cascade H S	Chair, Board	of Trustees		Date					
000000110		I attest that the a	bove information is true and correct.						
Signature - Parent or Guardian		. attot triat trio a	Date						

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620		I	School Year 2005- 2006 Due to School Clerk June 1					
Elementary District Responsible for Re	imbursing the Cor	ntract	County		Legal Entity			
Cascade Elem			Cascade		0101			
High School or K-12 District Responsib	le for Reimbursing	g the Contract	County		Legal Entity			
Cascade H S			Cascade		0102			
Is this contract shared between ele ☐ yes ☐ no	ementary and hi	igh school?						
Are you applying for isolation statu (If yes, please attach explanation)		□ No	Student Name	School	Grade			
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence es must be review portation committe	In order to receive yed and approved by the ee, and the Office of	Student Name	School	Grade			
Check here only if increased payment of District Trustees and the County Trans	due to isolation ha	s been approved by the	Student Name	School	Grade			
Elem District Approval yes	Initials no no		Student Name	School	Grade			
County Approval	no		THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Name: (Please	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Grover Cleaveland			Pre-kindergarten/Kinder	garten				
Physical Address (street address	only):		☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters			
Distance from home to nearest so Elementary 0 HS 0 Distance from home to nearest but Elementary 0 HS 7 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	s stop, if any (or the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	use only)			
insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th	ransportation for the stats. Mileage contract ay the parent the sun e basis of the schedu	student(s) to and from the sch s are valid only when transpor n officially approved in the appule ale established in Section 20-1	, and school district (dist nafter referred to as the District(s). nool or bus stop on the days when school is in rtation for the distance reported on the contra plication upon certification by the teacher or p 10-142, MCA, and the information accompany onger enrolled in school, whichever occurs first	session. The parent or guardict actually occurs. rincipal of the school of the nur				
Elementary School District Cascade Elem	Chair, Board				Date			
High School District Cascade H S	Chair, Board	of Trustees			Date			
		I attest that the above	ve information is true and correct.					
Signature - Parent or Guardian	-			Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ool Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the C	ontract			County	-	Legal Entity	
Cascade Elem						Cascade		0101	
High School or K-12 Di	strict Responsit	ole for Reimbursi	ng the Cont	ract		County		Legal Entity	
Cascade H S						Cascade		0102	
Is this contract share	ed between el	ementary and	high scho	ol?					
Are you applying for	isolation stat	us? □ Yes	□ No		Stu	dent Name	School	Grade	
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for in	creased rein	nbursement	Stu	dent Name	301001	Orace	
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	ation of residence ces must be revieus sportation commissions	e. In order to wed and ap ttee, and the	o receive oproved by the	Stu	dent Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolation I	nas been ap	proved by the	Stu	dent Name	School	Grade	
Elem District Approval	-	Initia □ no			Stu	dent Name	School	Grade	
HS District Approval County Approval	□ yes	□ no			THI	S CONTRACT IS FO	DR:		
Parent or Guardian					Gra	des 1-12 Ist Semester Only		y □ Both Semesters	
Jenny Young						•		y Botti Semesters	
Physical Address (s	treet address	only):				-kindergarten/Kinder Ist Semester Only		y Both Semesters	
					KIN	IDERGARTEN/PREI	(INDERGARTEN:		
Distance from home Elementary 0	,					dergarten child ride this contract: or from Bus Stop	es <u>with</u> other school-a	days per week	
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 6					Kin To o	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	days per week ol-age students: days per week days per week	
☐ Contract is for or	ne-way only						times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to be	covered by thi	is contract.	<u>De</u> PAI	adlines: RENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans						y for your files.	DENTO. Gend ongme	Tto Of Tby duly To, Tetain a	
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimb	ursement rate is detern	nined by	
Contingency Spec. Ed. Contin.						T tomis	20-10-142, MCA.	iiild by	
		, ,							
Agreement between	parent (parei	nt name)				d school district (dist		,	
(county name) The parties agree as follow				•		d to as the District(s).			
insured driver will to	ansport the stude	nts. Mileage contra	cts are valid o	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	lian assures that a licensed and mber of days the student(s) was	
transported for the	past semester.	, ,	•		•		·	liber of days the student(s) was	
 This contract shall 								Date	
Cascade Elem High School District	Cascade Élem							Date	
Cascade H S		Chair, Board	i oi Tiusie					Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 20 Helena, M)2501 T 59620-2501	ι	School Year 2005- 2006 Due to School Clerk June 1					
Elementary District Responsi	ible for Reimbursing the Co	ontract	County		Legal Entity			
Cascade Elem			Cascade		0101			
High School or K-12 District I	Responsible for Reimbursi	ng the Contract	County		Legal Entity			
Cascade H S			Cascade		0102			
Is this contract shared be ☐ yes ☐ no	tween elementary and	nigh school?						
Are you applying for isola (If yes, please attach exp	lanation)	□ No	Student Name	School	Grade			
ISOLATION: Section 20-10- rates for special circumstanc increased rates, individual cir trustees of the district, the co Public Instruction. (10.7.116	es of isolation of residence rcumstances must be revieuntly transportation commit	. In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade			
Check here only if increased District Trustees and the Cou	inty Transportation Commi	ttee.	Student Name	School	Grade			
Elem District Approval		<u> </u>	Student Name	School	Grade			
HS District Approval			THIS CONTRACT IS FO	DR:				
Parent or Guardian Name	e: (Please Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters			
Keith E. Kemble			Pre-kindergarten/Kinder	garten				
Physical Address (street	address only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to not Elementary 0 HS Contract is for one-way Students in Each Grade Level - O	IS 17.5 earest bus stop, if any (o ay only	one way)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da			
insured driver will transpor 2. In March and June, the Distransported for the past se 3. The payment shall be com	or provide transportation for the the students. Mileage contrastrict shall pay the parent the sumester.	e student(s) to and from the sch cts are valid only when transpor um officially approved in the app dule established in Section 20-1	, and school district (dist mafter referred to as the District(s). mool or bus stop on the days when school is in tation for the distance reported on the contra plication upon certification by the teacher or p 10-142, MCA, and the information accompany mager enrolled in school, whichever occurs firs	session. The parent or guardict actually occurs. rincipal of the school of the numering this contract.				
Elementary School District Cascade Elem			g		Date			
High School District Cascade H S	Chair, Board	of Trustees			Date			
	<u>'</u>	I attest that the above	ve information is true and correct.		· 			
Signature - Parent or Guard	dian			Date				

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				school Year 2 e to School	2005- 2006 Clerk June 1				
Elementary District Respo	onsible for Re	imbursing the (Contract		С	ounty		Legal Entity		
Cascade Elem						Cascade		0101		
High School or K-12 Distri	ict Responsib	le for Reimburs	sing the Cont	ract	С	ounty		Legal Entity		
Cascade H S					C	Cascade		0102		
Is this contract shared ☐ yes ☐ no	between el	ementary and	d high schoo	ol?						
Are you applying for is (If yes, please attach e	xplanation)		□ No		Studen	t Name	School		Grade	
ISOLATION: Section 20- rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola I circumstanc county trans	tion of residences must be reversely portation comments.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Studen	t Name	School		Grade	
Check here only if increas District Trustees and the	ed payment	due to isolation	has been ap	proved by the	Studen	t Name	School		Grade	
Elem District Approval	□ yes □	Initi □ no □ no			Studen	t Name	School		Grade	
County Approval	□ yes □	no			THIS C	CONTRACT IS FO	OR:			
Parent or Guardian Na Marsha Clark	me: (Please	e Print)				Semester Only	□ 2nd Semester O	nly □ Both Se	mesters	
Physical Address (stre	et address	only):			Pre-kindergarten/Kindergarten					
,		• •			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 6 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence					Kinder by this To or fi To or fi Kinder To or fi To or fi PAREI CLERA files. COUN' copy fo	garten child ride contract: rom Bus Stop rom School garten child ride rom Bus Stop rom School lines: NTS: Due to Sch CS: Send origina TY SUPERINTEN or your files.	KINDERGARTEN: es with other school times per day, times per day, es without other sch times per day, sool Clerk June 1. I to County Supt by J NDENTS: Send origin EIMBURSEMENT Firict, county and OF	day day nool-age studen day day day day day	s per week s per week ts: s per week s per week py for your	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is dete 20-10-142, MCA.			
insured driver will trans In March and June, the transported for the pas The payment shall be	ransportation for t tts. Mileage contr ay the parent the e basis of the sch	the student(s) to racts are valid o sum officially a nedule establish	o and from the school only when transportation proved in the applicated in Section 20-10-1	ter referred to or bus stop on the on for the distance ation upon certificat 42, MCA, and the	reported on the contra tion by the teacher or p information accompany	n session. The parent or gua ct actually occurs. rincipal of the school of the r				
Elementary School Dis Cascade Elem	e Élem							Date		
High School District Cascade H S		Chair, Boar	rd of Truste	es 				Date		
			I attest	that the above i	information is	true and correct.				

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	Due to School Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Centerville Elem	า					Cascade		0104	
High School or K-12 D		le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.)	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	dent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	v □ Both Sei	mesters
Aimee Buck						kindergarten/Kinderg	•	,	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 0	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary 5.5	Distance from home to nearest bus stop, if any (one way)				Kin	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				To	or from School	times per day, _	days	per week
Students in Each Grade Le	• •	the students to t	e covered by the	s contract.		adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
Dogular Trans	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	ll to OPI by July	10, retain a
Room & Board						RF	IMBURSEMENT RA	ATF	
Correspondence							rict, county and OPI		
_ '									
Reg. Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-142, WCA.		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)				County hereina	ifter referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	ian assures that a lic	censed and
In March and June	, the District shall p					nce reported on the contract fication by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10. This contract shall terminate at the end of the school year or when the student(s) is no long					-142, MCA, and	the information accompany	ing this contract.		
4. This contract shall terminate at the end of the school year or when the student(s) is no long Elementary School District Chair, Board of Trustees				yer emonea in So	choor, whichever occurs firs	ι.	Date		
Centerville Elem High School District							Date		
-									
Signatura Davert	Guardian		I attes	t that the above	information	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	Due to School Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity	_
Centerville Elem						Cascade		0104	
High School or K-12 Dis		le for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				<u> </u>	
Are you applying for			□ No		Stud	dent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased rein	nbursement			3 5 3 5.	0.440	
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval		Ini □ no □ no	itials		Stud	dent Name	School	Grade	
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters	
Rhonda M. Ump Physical Address (st		only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 7.4 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS:	times per day, times	days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)	
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall past semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in nce reported on the contract	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was	
High School District Chair, Board of Trustees								Date	_
	Lattest that the abo					is true and correct.		<u> </u>	_
Signature - Parent or	Guardian		7 411001				Date		=

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501			Due to School Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity	
Centerville Elem	า					Cascade		0104	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary and	l high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to lewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incredibition of the characteristics and the characteristics and the characteristics are considered by the characteristics and the characteristics are characteristics.	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Parent or Guardian Name: (Please Print) Robin Fremin					st Semester Only	□ 2nd Semester On	ly Both Semesters	
Robin Fremin		L- A-				-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters	
Physical Address (street address only): Distance from home to nearest school (one way) Elementary 27 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day,	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe es	or bus stop on on for the dista ation upon certi 42, MCA, and er enrolled in so	nce reported on the contractification by the teacher or pit the information accompany chool, whichever occurs firs	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	rdian assures that a licensed and umber of days the student(s) was Date Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian				·		Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501			Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
Belt Elem						Cascade		0112		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement			G 0 G 0.	S.uus		
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School	Grade		
Public Instruction. (10.	•	J	,		Stud	ent Name	School	Grade		
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		□ no	tials		Stud	ent Name	School	Grade		
HS District Approval County Approval	•	□ no □ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Jamie & Brian M	/lcGrau					kindergarten/Kinder		•		
Physical Address (s	treet address	only):						ly Both Semesters		
					KINE	DERGARTEN/PREI	KINDERGARTEN:			
Distance from home Elementary 10	to nearest so	chool (one wa	ay)		by th	is contract:		age students also covered days per week		
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		To o	r from School ergarten child ride	times per day, _ es <u>without</u> other scho	days per week		
□ Contract is for o	ne-way only				То о	r from School	times per day,	days per week		
Students in Each Grade Le	, ,	the students to b	e covered by the	is contract.	Dea	<u>ıdlines:</u>				
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files.		I to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans										
Spec. Ed. Trans						for your files.	IDENIS: Send origina	al to OPI by July 10, retain a		
Room & Board							IMBURSEMENT R			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						Peimb	ursement rate is deterr	mined by		
Contingency Spec. Ed. Contin.						Reimb	20-10-142, MCA.	Timica by		
opeo. Lu. comm.										
Agreement between	n parent (parei	nt name)			, and	school district (dist	rict name)	,,		
(county name) The parties agree as follow	we.			County, hereinat	fter referred	to as the District(s).				
The parent shall tra	ansport or provide					the days when school is in		dian assures that a licensed and		
In March and June, transported for the	, the District shall p past semester.	pay the parent the	e sum officially a	pproved in the applica	ation upon certifi	cation by the teacher or p	rincipal of the school of the nu	imber of days the student(s) was		
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		he information accompany nool, whichever occurs firs				
Elementary School I Belt Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
		<u> </u>	l attes	t that the above	information	is true and correct.		<u> </u>		
Signature - Parent or	Guardian			-			Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501			Due to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
Deep Creek Ele	m					Cascade		1195	
High School or K-12 D		ole for Reimbur	sing the Cont	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation))	□ No	mhursement	Stude	ent Name	School	Grad	e e
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ation of residend ces must be revision community	ce. In order to riewed and appointed and the second the second and the second and the second the second the second the second and the second	o receive oproved by the	Stude	ent Name	School	Grad	e e
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stude	ent Name	School	Grad	e e
Elem District Approval		□ no	ials		Stude	ent Name	School	Grad	ē
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester On	ly □ Both Semesters	
Tracy Evans					Pro-l	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):						ly Both Semesters	
Elementary 6.3 Distance from home Elementary 0 Contract is for o	Physical Address (street address only): Distance from home to nearest school (one way) Elementary 6.3 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency						times per day, times per day.	days per weel da	k k k k
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nnsport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the er	transportation for ints. Mileage cont pay the parent the see basis of the school yet Chair, Boa	the student(s) to racts are valid of sum officially a	o and from the school only when transportati pproved in the applica- ned in Section 20-10- student(s) is no longer	fter referred I or bus stop on to ion for the distantation upon certification.	ce reported on the contra	session. The parent or guar ct actually occurs. rincipal of the school of the ni	dian assures that a licensed and umber of days the student(s) was Date	
- ligit oction bistlict		Griani, Bua	ia oi iiusie					Date	
			I attes	t that the above	information i	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	I for Reimbursing the Contract				County	<u> </u>	Legal Entity
Sun River Valle	n River Valley Elem					Cascade		1225
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of					Stud	dent Name	School	Grade
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia no no	ıls 		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters
Chad & Michelle		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any (one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REQUEST: RECTED TO SCHOOL	times per day,	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a ATE I use only)
insured driver will t 2. In March and June	vs: ansport or provide t ransport the studer , the District shall p	ransportation for th	e student(s) to	and from the school nly when transportation	ter referred or bus stop on on for the dista	nce reported on the contract	session. The parent or guar	dian assures that a licensed and umber of days the student(s) was
	be computed on th					the information accompany		
Elementary School District Chair, Board of Trustees Date						Date		
Sun River Valley Ele High School District		Chair, Board	r, Board of Trustees Date					
I attest that the above information is true and correct.								
Signature - Parent or Guardian Date								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501	Due to School Clerk June 1						
Elementary District Responsible for Re	eimbursing the Con	tract		County	<u> </u>	Legal Entity		
Sun River Valley Elem				Cascade		1225		
High School or K-12 District Responsit	ole for Reimbursing	the Contract		County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and hi	gh school?						
Are you applying for isolation statu (If yes, please attach explanation))	□ No	Stu	dent Name	School	Grade		
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. ces must be review sportation committe	In order to receive ed and approved by the e, and the Office of	Stu	dent Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation ha	s been approved by the	Stu	dent Name	School	Grade		
Elem District Approval □ yes	Initials no no		Stu	dent Name	School	Grade		
County Approval	□ no			S CONTRACT IS FO	DR:			
Parent or Guardian Name: (Pleas	e Print)			des 1-12 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Craig Essebagger Physical Address (street address	only):			Pre-kindergarten/Kindergarten				
1 Hysical Address (street address	orny).			•		ly Both Semesters		
Distance from home to nearest so Elementary 9.5 HS 0 Distance from home to nearest but Elementary 4 HS 0 Contract is for one-way only Students in Each Grade Level - Only include	us stop, if any (or	vered by this contract.	Kin by t To c Kin To c To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,	days per week days per week days per week col-age students: days per week days per week days per week days per week		
Pre-K Total		1-8 9-12 Total Total			I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans			files		IDENTS: Cond origina	al to ODI by July 10, ratain a		
Spec. Ed. Trans				y for your files.	IDENTS: Send ongina	al to OPI by July 10, retain a		
Room & Board					EIMBURSEMENT R			
Correspondence				(For dist	rict, county and OF	use only)		
Reg. Contingency				Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.					20-10-142, MCA.			
Agreement between parent (parer	nt name)		, an	d school district (dist	rict name)	,		
(county name)		County, herein	after referred	d to as the District(s).				
The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and								
insured driver will transport the studer 2. In March and June, the District shall p						imber of days the student(s) was		
transported for the past semester. 3. The payment shall be computed on the computed on the computed at the error of the computed on the computed on the computed of the computed on the computed of the computed on the compu								
Elementary School District Chair, Board of Trustees						Date		
Sun River Valley Elem High School District	Chair, Board of	ir, Board of Trustees Date						
I attest that the above information is true and correct.								
Signature - Parent or Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501	Due to School Clerk June 1						
Elementary District Responsible for Re	eimbursing the Con	tract		County	<u> </u>	Legal Entity		
Sun River Valley Elem				Cascade		1225		
High School or K-12 District Responsit	ole for Reimbursing	the Contract		County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and hi	gh school?						
Are you applying for isolation statu (If yes, please attach explanation))	□ No	Stu	dent Name	School	Grade		
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. ces must be review sportation committe	In order to receive ed and approved by the e, and the Office of	Stu	dent Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation ha	s been approved by the	Stu	dent Name	School	Grade		
Elem District Approval □ yes	Initials no no		Stu	dent Name	School	Grade		
County Approval	□ no			S CONTRACT IS FO	DR:			
Parent or Guardian Name: (Pleas	e Print)			des 1-12 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Craig Essebagger Physical Address (street address	only):			Pre-kindergarten/Kindergarten				
1 Hysical Address (street address	orny).			•		ly Both Semesters		
Distance from home to nearest so Elementary 9.5 HS 0 Distance from home to nearest but Elementary 4 HS 0 Contract is for one-way only Students in Each Grade Level - Only include	us stop, if any (or	vered by this contract.	Kin by t To c Kin To c To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,	days per week days per week days per week col-age students: days per week days per week days per week days per week		
Pre-K Total		1-8 9-12 Total Total			I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans			files		IDENTS: Cond origina	al to ODI by July 10, ratain a		
Spec. Ed. Trans				y for your files.	IDENTS: Send ongina	al to OPI by July 10, retain a		
Room & Board					EIMBURSEMENT R			
Correspondence				(For dist	rict, county and OF	use only)		
Reg. Contingency				Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.					20-10-142, MCA.			
Agreement between parent (parer	nt name)		, an	d school district (dist	rict name)	,		
(county name)		County, herein	after referred	d to as the District(s).				
The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and								
insured driver will transport the studer 2. In March and June, the District shall p						imber of days the student(s) was		
transported for the past semester. 3. The payment shall be computed on the computed on the computed at the error of the computed on the computed on the computed of the compu								
Elementary School District Chair, Board of Trustees						Date		
Sun River Valley Elem High School District	Chair, Board of	ir, Board of Trustees Date						
I attest that the above information is true and correct.								
Signature - Parent or Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	L	Legal Entity
Sun River Valley Elem						Cascade		1225
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?	•			
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attac			increased reir	mbursement	Otaa	on rume	0011001	Ciudo
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	fual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and th	oproved by the	Stud	ent Name	School	Grade
Check here only if incredit District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Stud	ent Name	School	Grade
	•	Init	tials		Stud	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes	□ no			тыс	CONTRACT IS FO	ND.	
County Approval Parent or Guardian		noe Print)			Grad	es 1-12		- D # 0
	, , , , , , , ,	,			□ 18	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Jana Looby Physical Address (s	treet address	only):				kindergarten/Kinder		/ □ Both Semesters
,		• /				·	·	both comesters
Distance from home to nearest school (one way) Elementary 27 HS 0					Kind by th To o	nis contract: r from Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered days per week
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 To or from School times per day, days per were Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per were To or from School times per day, days per were times per day, days per were times per day, days per were times per day.							ol-age students: days per week	
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		Idlines: ENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Peimbi	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.						T Cirilbi	20-10-142, MCA.	inica by
opeo. Lu. comm.								
Agreement betweer	n parent (parei	nt name)			, and	school district (distr	rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow	vs.			County, hereinaf	ter referred	to as the District(s).		
 The parent shall tra 	ansport or provide					the days when school is in		ian assures that a licensed and
In March and June transported for the	, the District shall p past semester.	pay the parent the	sum officially a	pproved in the applica	ation upon certifi	cation by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		ne information accompany nool, whichever occurs firs		I.S.
Elementary School Sun River Valley Ele		Chair, Board of Trustees Date						
High School District		Chair, Board of Trustees Date						Date
I attest that the above information is true and correct.								
Signature - Parent or Guardian Date								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Responsible for Reimbursing the Contract				County	·	Legal Entity			
Wolf Creek Elem				Lewis & Clark		0495			
High School or K-12 District Res	consible for Reimburs	sing the Contract		County	-	Legal Entity			
Cascade H S				Cascade		0102			
Is this contract shared betwe ☐ yes ☐ no	en elementary and	I high school?							
Are you applying for isolation (If yes, please attach explana	ation)	□ No		dent Name	School	Grade			
ISOLATION: Section 20-10-142 rates for special circumstances o increased rates, individual circumstances of the district, the county Public Instruction. (10.7.116 ARM	f isolation of residence enstances must be revi entransportation comm	ee. In order to receive iewed and approved by nittee, and the Office of	the Stud	dent Name	School	Grade			
Check here only if increased pay	ment due to isolation	has been approved by	Stud	dent Name	School	Grade			
District Trustees and the County Elem District Approval yes	Initi □ no		Stud	Student Name School Grad					
HS District Approval ☐ yes County Approval ☐ yes	□ no		<u>THI</u>	S CONTRACT IS FO	DR:				
Parent or Guardian Name: (F	Please Print)			des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semesters			
Kim Ryan			Pro	kindorgarton/Kindor	garton				
Physical Address (street add	ress only):			-kindergarten/Kinderg st Semester Only	☐ 2nd Semester Only	□ Both Semesters			
Distance from home to neare Elementary 0 HS 0 Distance from home to neare Elementary 0 HS 5 Contract is for one-way of Students in Each Grade Level - Only in Fre-Frotal Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	est bus stop, if any nly nclude the students to be	(one way)	Kin by t To c Kin To c Kin To c De PAR files	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA.					
insured driver will transport the	ovide transportation for t students. Mileage contr shall pay the parent the ter. d on the basis of the sch the end of the school ye	he student(s) to and from the acts are valid only when the sum officially approved in the dule established in Section	nereinafter referred the school or bus stop or ansportation for the dista the application upon cert on 20-10-142, MCA, and	ince reported on the contractification by the teacher or potential the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.				
High School District Cascade H S	Chair, Boar	hair, Board of Trustees Date							
	I attest that the above information is true and correct.								
Signature - Parent or Guardian					Date				